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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01613 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. First 1. DECEASED-NAME 20. DATE KNOWNET Month Day 68°01 (Type or Print) ESTI Cottman William Wesley DEATH MATED 3. SEX 4. RACE 5. DATE OF BIRTH 18-346. AGE (In years lost birthdoy) IF UNDER 24 HRS DATE PRONOUNCED DEAD 2d. HOUR Male Col 6A M 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH (OUNTRY) Maryland in pencil in Item 18. Give Pages 1 USA WIDOWED [DIVORCED [Somerset land 2 with the Staf 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY Pocomoke TruckDriver Laborer 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Somer Se T Pocomoke YES NOafter 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Vergie A Johnson Cottman haurs Jesse F 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) 214-30-9320 Vergie Cottman Pocomoke, Md no within APPROXIMATE INTERVA be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: pending Myocardial infarction minutes IMMEDIATE CAUSE (o). DUE TO. OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a). shauld l please execute the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 remaval. CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO T 5 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Port 2, Item 1B.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. burial, crematian, CAUSE OF DEATH 21e. PLACE OF INJURY (At hame, farm, street, 21f, LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) NOT WHILE 22a. I certify that I taak charge of the remains described above, held an Autopsy ... FUNERAL DIRECTOR: Inspection 1 Inquiry and in my apinian death resulted from: Natural causes Accident . Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 3 EXAMINER Y 5 may ro FUNE Health SutterMD Everett ADDRESS(Street, city, tawn, or county) 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Tindley's Chapel Cem Pocomoke Wor. Md. Burial 1-11-68 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5) Samuel Savege, New Church, Va. 10M REV. 1/68

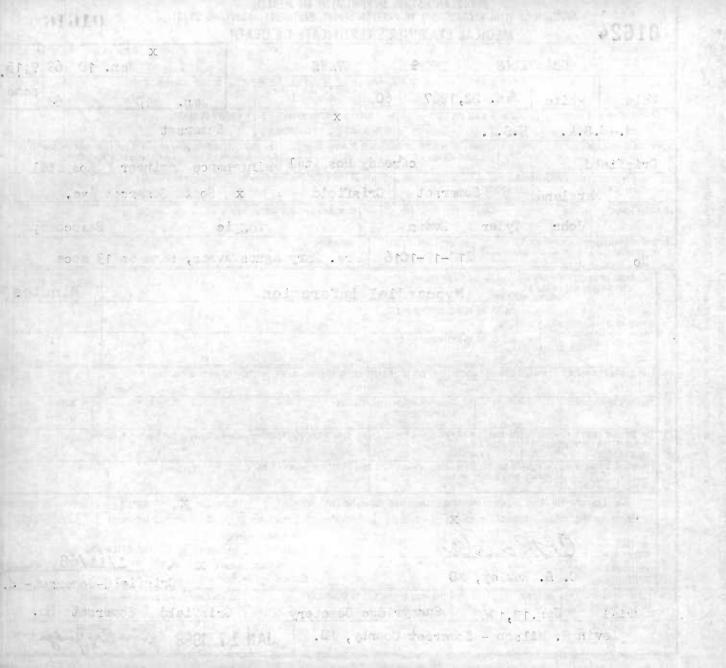
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G PHYSICIAN: the hospitol or this certificate detached for u	MED	(If either, natify medical exa 21d. INJURY OCCURRED 2		TURY (AT HOME, FARM, STREET OFFICE BUILDING, ETC.	19 , FACTORY,) 21f. I	OCATION Street	or R.F.D. No.	City or	Town	County	State		
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		FUNERAL DIRECTOR	3745	ADDR			So. REC'D BY REC		2Sb. REGISTRAR'S	SIGNATURE	. Jac		
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01612 FOR SIM MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First 2a. DATE KNOWN K Month Day 2b. HOUR (Type or Print) Isaac M Maddox and 3 ta 1-18-689 RA DEATH MATED 6. AGE (In years IF UNDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR 3-20-1873 Male Col Day 9A M pages 1 and 2 with the State Depar 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH be farwarded to the Chief Medical Examiner's Office along with farm Manokin US WIDOWED T DIVORCED [Somerset pencil in Item 18. Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY Manokin Waterman haurs after death 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE 13b. COUNTY Manokin, Maryland Somerset 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle John Maddox Maria 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT certificate should be executed within **ADDRESS** (Yes, na, ar unknown) Bulah Jovnes, Manokin, Maryland File none ⊆ event within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. 1 GETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY "pending" IMMEDIATE CAUSE (0) Congestive failure 2 months DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if any, which gove rise to immediate couse (a). writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN BARTHOSpitalized then Severe burn of most of body few months ago, in Peninuka General CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? please execute the certificate, YES 🗀 NO TA 10 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Part 2, Item 18.) 3 shauld HOUR A.M. PRIMARY OR CONTRIBUTING burial, crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection 3 Inquiry and in my apinian death resulted from: Natural causes . Accident . Suicide . Hamicide | Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATUR 7-22-68 DEPUTY MEDICAL EXAMINER 5 may TO FUNE Health Everett SutterMD ADDRESS(Street, city, town, or county) Somerset 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) 23b. DATE (County) (Stote) REMOVAL (Specify) 1-21-68 Samuel Wesley Manokin, Maryland 24. FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE William H James Jr. Princess Anne, Moome JAN 23 1968 Marley VR A15ME (5) 10M REV 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01620 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY Somerset Maryland b. COUNTY Somerset MARYLAND popers. Pages 1 hin 72 hours ofter after by Te Pages b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town 1.0 Days Crisfield OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hour .⊆ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e IS RESIDENCE in any event, within 72 ON A FARM? filled McCready Memorial Hospital Maryland Avenue YES NO T NAME OF remove corbon Middle 4. DATE Doy Year DECEASED Washington 1968 26 (Type or print) Revelle DEATH George Jan. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH 9. AGE (In years NEVER MARRIED birthdoy) Months Hours Aug. WIDOWED Male W, ite DIVORCED ond 10o. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT ottending physician permit. Then please during most of working life, even if retired) INDUSTRY COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or removal, Samuel Revelle Hester Somers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service Samuel Revelde, Crisfield. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN -tronsit ONSET AND DEATH signed by t burial-trons IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or attending physicion. DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse as the hos been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS PERFORMED? CERTIFICATION State Dept. of Health YES NO certificote for 2Do. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c, TIME OF INJURY Month, Doy, Year (Stote) Hour o.m. foctory, street, office bldg., etc.) ot work TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram 1 21. I certify that (I) (this haspital) attended the deceased fram 1, 1968, ta 1, 26, 1868, that (I) (we) last saw the deceased alive an Jan. 26, 18968 and that death accurred at 9;44M, fram causes and an the date stated above. 196 8, that (1) (we) last 22o. SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. PHYS director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S sfield, Maryland eyton, M.D. NAME (Type) 23d. LOCATION (City or Town) (County) (Stote)
Fairmount; Somerset; Md. 230. BURIAL, CREMATION DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 28/68 FREMOVAL (Spicify) Fairmount Crisfield, Md. 24. BUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH

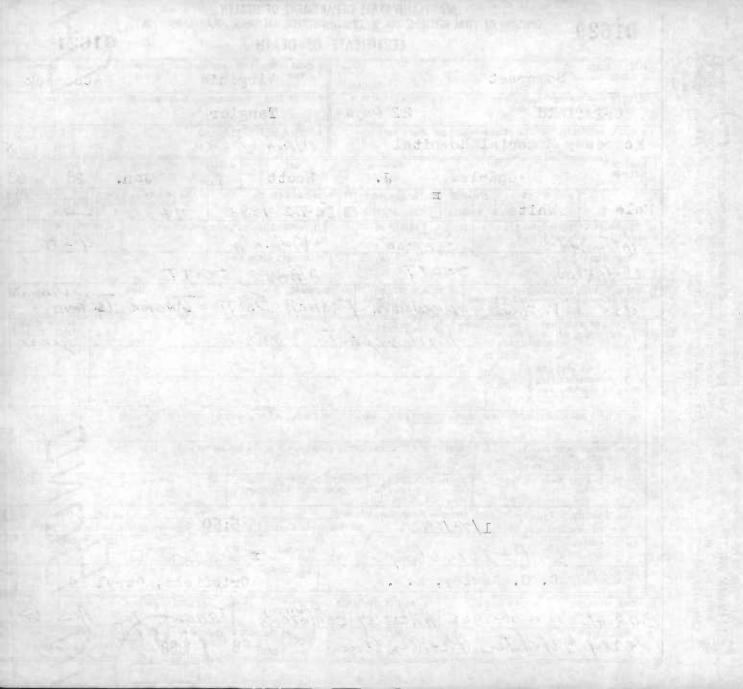
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

01621

1)		PLACE OF DEATH o. COUNTY Somerset	MARYLAND	o. STATE Virg		ccomack
		b. CITY OR TOWN (If outside corporate limits, write RURAL grading manager town)	c LENGTH OF STAY IN 16 22 Days	c CITY OR TOWN (If out	tside corporote limits, write RURAL ond giv ider	re neorest town)
27		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospit McCready Memorial Ho	ol, give street oddress) o spital	d. STREET ADDRESS	ROAD,	e. IS RESIDENCE ON A FARM? YES NO
82		NAME OF First DECEASED (Type or print) Charles	Middle J.	Scott	4. DATE Month OF Jan.	Doy Year 28 19 68
- 3		SEX 6. COLOR OR RACE 7. MARRII [ale White Widow]	THE PER THE THE PER	8. DATE OF BIRTH SEPT. 2 -189	9. AGE (In yeors IF UNDER lost birthdoy) Months	Doys Hours Min.
	duri	ing most of working life, eyen if retired)	KIND OF BUSINESS OR INDUSTRY SEAFOOD	11. BIRTHPLACE (County &	(1)	DUNTRY 3
1040	13.	ELHARLES S	C077	14. MOTHER'S MAIDEN N	Sco TT	
ı, uı ıeı	IS. (Ye	es, no, or unknown) I(If yes give wor ar dates of service)		INFORMANT SOCI	Address Address IS	LAND,
Stravia De liled Will the State Dept. Of nearling prof. to bordar, defination, or removal, and the state Dept. Of nearling 12 flours of		18 CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	for (a), (b), and (c).)	tis , chr		INTERVAL BETWEEN ONSET AND DEATH
מונמו, מ		Conditions, if ony, which gove (b)				
		stating the underlying couse last. DUE TO (c)				I Table Williams
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION				19. WAS AUTOPSY PERFORMED? YES NO
1		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED.			
200	MEDICAL	Hour o.m. WI		CE OF INJURY (Home, form, tory, street, office bldg., etc.)		unty) (Stote)
ic all		21. I certify that (I) (this haspital) attestions as the deceased alive an 1/28	ended the deceased fram_ 6/68_19, and tha	t death accurred at_	5:50M, fram causes and an t	
liw Dai		220. SIGNATURE	ewley. M.	D. PHYS.	MED. DIRECTOR PHYS. 22b. D	ATE SIGNED
ad p		22c. PHYSICIAN'S NAME (Type) C. G. Rawle		C	risfield, Maryla	
nous	P	BURIAL, CREMATION, 23b. DATE THEREOF 1-30-1962	23c. NAME OF CEMETERY OR WHEATLEY C	Emerery	23d. LOCATION (City or Town) TRYGIER ZSL BY REGISTRAR 25b. REGISTRAR'S	(County) (Stote)
	14	LENOY G. Webter of	rices aun	DATE FE		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-bours after death the funeral ages T and TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pagess Page 4 may be retained by the hospital or attending physician. VR A15 (4 25M 1/67



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1	A .			. 8	01630	DIAIZIOM			ATE OF		KE, MAKILAND Z		04.000	•
10								CERTIFIC			DATE OF BEATH		01622	
1	deoth.	455 666 675			CEASED-NAME First PUI	KE	Middle	WE	lost I DEMA	2	January	1 3°Y	1968	2b. HOUR
	Je Je	E L		3. SE		4. RACE			S. DATE OF B		6. AGE (In	yeors	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	safi	Safe			Male		White		Dec.			YRS.	NONINS DATS	HOURS MIN.
	OUL	1 PE		70. E	IRTHPLACE (Stote or foreign		OF WHAT COUNTRY?		X NEVER MAR	KKILD	OUNTY OF DEATH			
	24 h	Zee in			Minnesota	U	.S.A.	WIDOWED		RCED 🗌	Somerset			Md.
	OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after deoth	pnysician. signed by the ottending physicion ond completely filly buriol-tronsit permit. Then please remove carbon perburial, crematian, or removal, ond in ony event, within	00		TY 20 TOWN OF DEATH Pocomoke Cit		11. NAME OF HOSPITAL OR IN give street address) $\mathbb{R}_{ullet}\mathbb{F}$		ot in hospital	during most o	CCUPATION (Kind of wo of working life, even if PMET	rk dane retired.)	12b. KIND OF B INDUSTRY Farmi	
	>	carb carb	00	130.	USUAL RESIDENCE (Where decease	d lived, if in	stitution: Residence before			13d. INSIDE CITY LIMITS?	13e. STREET AND NU	IMBER		
	cute	and completely f remove carbon n ony event, with	19	oami	ssion Maryland	13b. COUN	"Somerset	Pocom	oke	YES NO X	R.F	. D.	1	
	exe	ond c remo	1	14. F	ATHER'S NAME First	Midd			. MOTHER'S M	AIDEN NAME First		Middle		Last
	be	n or se r	,		Frank		Weidema			Grav			Rudden	
	cate	physicion c nen please oval, ond ir		16a. Y	WAS DECEASED EVER IN U.S. ARM es, no, or unknown) (If yes give w	ED FORCES? ar or dates of service	16b. SOCIAL SECURITY	NO. 17. I	NFORMANT			uddress R	.F.D.	1
	1	phy en oval			10		F-17 74 7	004 M	rs Gra	ace Wei	dema, Poc	omok	e City	Md.
	h ce	ottending permit. The			18. CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED	y one couse p	per line for (o), (b), and (c)	.)			8 - 8			SET AND DEATH
	eat	permit.			IMMEDIA	TE CAUSE (a) .	COTOTIALY.	TITOUTI			ear occlu	sion	3	
	e d	ott per ian,			410-9		OR AS A CONSEQUENCE OF							
	=======================================	the sit p			Conditions, if any, which gave isse to immediate cause (a),		Arterios	cleros	sis, g	gen. set	vere			
	#	by by crei			stating the underlying couse	DUE TO,	OR AS A CONSEQUENCE OF						4 3 3 3	
	ires	pnysician. signed by the buriol-tronsit burial, cremat			last.	(c)	Emphyse				UTION ONEN IN PART 1/			
	redu	sig and			PART 2. OTHER SIGNIFICANT CON						THON GIVEN IN PART IQ	3)		
	3.	aing seen the or to		NOI	19g. DATE OF OPERATION 19b.		ritis, spin		20a. AUTO		20b. IF YES, WERE F	INDINGS CO	NSIDERED IN CEI	RTIFYING
	The lo	has the second of the price of	. X	CERTIFICATION					YES _] NO []	CAUSES OF DEATH?			
	ä.	cote ar u deal			21a. ACCIDENT WAS UNDERLYING	G 21b. TII	ME OF INJURY A.M. Manth Day Year		OW INJURY OC	CURRED (Enter nat	ture of injury in Part 1 o	or Part 2, Ite	em 18.)	
	5	pird intiffi		MEDICAL	or contributing cause of DEAT (If either, notify medical examin	er)	P.M. 1	9	55.350			17.4		
	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the	Page 4 may be retained by the hospital or ottending to FUNERAL DIRECTOR: After this certificate has been directar, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to		W			URY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.						Caunty	State
	S.	ter ter tate			22a. I certify that (I) (thi	s haspital)	attended the deceas	ed fram		, 19	_, ta	, 19	, that	(I) (we) last
	2	t: Af		и	22a. I certify that (I) (this saw the deceased a causes stated above	ive an	did\ (did nat\ view the	bady after	d that in (m	ny) (aur) apinia	n deoth occurred o	n the dat	e and haur o	ind fram the
	E:	t t			22b. SIGNATURE	, (1) (We) (aid) (did fidi) view life	budy uner	ucum.			22c. D	ATE SIGNED	
	SR /	REC 3 s d wi			1 8. Xar	Grun	110	M. D. DEG	ATTEMPL	ING MED.	TOR STAFF PHYS.		15-68	
	7	d de	-/-		22d. PHYSICIAN'S		11		22e. ADI				. a. t	hr. 3
	PIT	ERA Fr, p	^		NAME (Type) N.E.S	artor	riue, Jr.	M.D.	112	Warke	t St., Po	como.	ke Ult	y, Md.
	50	UN ecto	1t	230.	BURIAL, CREMATION, 23b. I	ATE	23c. NAME OF	CEMETERY DE	XXXXMATRIXX	2:	3d. LOCATION (City or To	own)	(County)	(Stote)
	0	5 0 P	17		REMOVAL (Specify) 1.	-15-1	968 Rehob	oth P	resbyt	terian	Rehobeth			Md.
		_	9	24.	FUNERAL DIRECTOR	1	ADDRESS		1988	250 REC'D BY RI	2 1968 2Sb. RI	EGISTRAR'S	IGNATURE	Kar
		VR A15 30M REV.	1/68	1	Total N. We	Ban	Pocomoke	City,	Md.	DALAN 2	2 1300		0 0	

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